



St Peter's School
3-18YORK

Donation Form



Registered with
**FUNDRAISING
REGULATOR**

Help With Fees - your gift

Thank you for choosing to support Help With Fees at St Peter's School. Please tell us where you would like to direct your donation:

I would like to support the Marlene Sandor Bursary Award

I would like to support Help With Fees at St Peter's School

Single gifts

I would like to gift:

£30 £50 £100 £200

other £: _____

I have enclosed a cheque payable to St Peter's School

I will donate online www.stpetersyork.org.uk/foundation

I will make a bank transfer -St Peter's School,
sort code: 05-09-94, account no. 25301968
(please use your surname as your reference)

Please call me to make my donation by card
Tel no: _____

Please keep my donation anonymous

I'd like more information on leaving a legacy

Gift Aid *giftaid it*

Are you a UK taxpayer? If so, every £1 you give could be worth an extra 25p to us, at no cost to you.

Yes, Gift Aid this donation

Please Gift Aid this donation and any donations I make in the future or have made in the past 4 years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount Gift Aid claimed on all my donations in that year, it is my responsibility to pay any difference.

Please notify us if you want to cancel this declaration, change your name or home address.

Signed: _____

Date: _____



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St Peter's School, York is a
registered charity: number 1141329



Regular Gift

I would like to give a donation of £ _____ Monthly / Quarterly / Annually (Please delete as required).

First payment to be made on 1st of the Month or 15th of the month (Please tick as required).

Instruction to your bank or building society to pay by Direct Debit 

Please complete the whole form in BLOCK CAPITALS and send to: St Peter's School Foundation
Clifton York YO30 6AB

Names(s) and address of account holder

Mr/Mrs/Miss/Ms: _____

Address: _____

Postcode: _____





THIS GUARANTEE SHOULD BE
DETACHED AND RETAINED BY
THE PAYER

The Direct Debit Guarantee



This Guarantee is offered by
all banks and building societies
that take part in the Direct Debit
Scheme. The efficiency and security
of the Scheme is monitored and
protected by your own bank or
building society.

If the amounts to be paid or the
payment dates change, CAF re
St Peter's School Foundation will
notify you at least ten working days
in advance of your account being
debited or as otherwise agreed.

If an error is made by CAF re St
Peter's School Foundation or your
bank or building society, you are
guaranteed a full and immediate
refund from your branch or the
amount paid.

You can cancel a Direct Debit at
any time by writing to your bank or
building society. Please also send a
copy of your letter to us.



£ **Bank/Building Society Account Number**

Branch sort code: _____

Account Number: _____

Name and full postal address of your bank/building society

To The Manager

Address: _____

Postcode: _____

Originators Identification Number 6 9 1 2 1 3

CAF, Kings Hill, West Malling, Kent, ME19 4TA

Instruction to your bank or building society

Please pay CAF re St Peter's School Foundation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CAF re St Peter's School Foundation and if so, details will be passed electronically to my bank/ building society.

Signature: _____ Date: _____

please turnover and complete the reverse

Banks and building societies may not accept Direct Debit instructions for some types of account.